

2004 FOR-PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P02000044816

1. Entity Name  
PROFESSIONAL HARDWOOD FLOORING & SERVICES  
INC



Principal Place of Business

1030 WINTERHAWK DRIVE  
ST AUGUSTINE, FL 32086

Mailing Address

1030 WINTERHAWK DRIVE  
ST AUGUSTINE, FL 32086

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90266 049 \*\*\*150.00



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number  
03-0427330

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

~~HALL, CHARLES E JR~~  
77 ALMERIA STREET  
ST AUGUSTINE, FL 32084

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                        |
|----------------|------------------------|
| TITLE          | D                      |
| NAME           | RILEY, TRACY           |
| STREET ADDRESS | 1030 WINTERHAWK DR     |
| CITY-ST-ZIP    | ST AUGUSTINE, FL 32086 |
| TITLE          | D                      |
| NAME           | RILEY, LAURA L         |
| STREET ADDRESS | 1030 WINTERHAWK DR     |
| CITY-ST-ZIP    | ST AUGUSTINE, FL 32086 |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Laura L Riley* Laura L Riley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-04

Date

904-540-0671

Daytime Phone #